

1.	Federal Employer Identification Number, if known								
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Transa an main	at in blue or block ink									
2. Compa	nt in blue or black ink. ny Name or Owner's Full Na	me (include, if applica	ble, Corp, Inc, PC	, LC, LLC, LLP, etc.). Required.					
3. Busines	ss Name, Assumed Name or	DBA								
Legal	4. Address for all legal cor	Business Telephone								
Address (required)	City	,	State	ZIP Code						
Mailing	5. Address, if different from Box 4, where all tax forms will be sent, unless otherwise noted.									
Address	City		State	ZIP Code						
Physical	6. Address of the actual Reservation location of the business, if different from above (street number-no PO boxes).									
Address	City		State	ZIP Code						
If your b	ne Business Ownership Type pusiness is a limited partners stion under whose laws busin	hip, you must name a	II general partners	beginning on line 2	3.	7.				
9. Enter B	susiness Code (SIC) that best	t describes your busin	ess from the list in	n this booklet		9.				
10. Define	your business activity			11. What products,	if any, do you sell (sold to	final consumer)?				
you are regi (12-15) mus	ax(es) below for which istering. At least one box st be checked if business n Tribal or trust land.		ite that liability will each box checke Day	_		I monthly payment for each tax. red if box at left is checked.				
	dging and Occupany Tax	12a.			12b. Up to \$65	Up to \$300 Over \$300				
13 Fo	od and Beverage Tax	13a.			13b. Up to \$65	Up to \$300 Over \$300				
14 Re	etail Sales Tax	14a			14b. Up to \$65	Up to \$300 Over \$300				
15. Ad	Imissions Tax	15a			15b. Up to \$65	Up to \$300 Over \$300				
	oox if these other products wi				location of storage.					
_	otor Fuel (including gasoline,	diesel fuel, etc.)	Location of stora							
	bacco Products ne number of business location	ons you will operate o				18.				
	than 1, attach a list of names ne month, numerically, that yo		re Ifor evennle or	ater 12 for Decembe	or)	. 19.				
ı⊎. ⊑ntertr	ie monut, numencany, mat vo	ou cioac your lax book	vo (ioi evailible, El	TO IT IOI DECERNIDE	.,	· '•				

	our business is not open on the notation of the normal part of the nor				20a.
b. Enter the month	20b.				
21. If you are incorpora and account numb	ating an existing business ers, if known.	s, or if you purchas	ed an existing busine	ess, list previous busin	ess names
Busii	ness Name and Address			Accoun	t Number
				_	
				-	
	s as a Tribal entity, attact e ownership of such busi			es of incorporation or o	rganization and other
For limited liability co chareholders who are	rmation for each owner ompanies you must list e not officers. Attach a mation provided on this	all members. For separate list if near	corporations you ressary.	must list all officers,	but do not include
3. Name (Last, First, Mi		Title	rect and complete	Date of Birth	Phone Number
, ,	. ,				
ribal ID#	Social Secu	rity Number	Signature		
		·			
4. Name (Last, First, Middle, Jr/Sr/III)		Title		Date of Birth	Phone Number
ribal ID#	al ID# Social Security		Signature		
5. Name (Last, First, Mi	ddle, Jr/Sr/III)	Title		Date of Birth	Phone Number
ribal ID #	Social Secu	rity Number	Signature		<u> </u>
6. Name (Last, First, Middle, Jr/Sr/III)		Title		Date of Birth	Phone Number
ribal ID #	Social Secu	rity Number	Signature		
Questions regarding the perfore you intend to sta	is form should be directe art your business. Mail	to: Little Rive	er Band of Ottawa In		this form six weeks 231-398-6849
		Tax Depa 2608 Gov	artment /ernment Center Driv	/e	

Manistee, MI 49660

TD811a, pg 2 Rev. 1-16

Registration for Tribal Taxes

It is important that you complete all items on the Registration form. Incomplete information will delay processing. Read all instructions carefully before you begin.

This form is provided under Ordinance #05-100-08. Filing is mandatory if you are required to pay Tribal taxes required by this Ordinance.

Complete this Registration Form if:

- Are starting a new business or reinstating an old business
- Purchased or acquired an existing business.
- Need to register for any of the Tribal taxes listed below.
- Changed the type of ownership of your business (e.g., from sole proprietorship to partnership, or incorporated a sole proprietorship or partnership).

Do not complete this Registration Form if you:

 Make sales at fewer than three events on Tribal and trust lands during a calendar year. Instead, file Concessionaire's Tribal Tax Registration, Return and Payment.

Phone the Tax Department at 231-723-8288 ext. 6874 for Concessionaire's form and instructions.

Register for Lodging and Occupancy Tax if you:

 Provide transient hotel, motel or other lodging facilities including designated RV/camp sites, and any occupancy-related services, located on Tribal and trust lands.

For more information regarding Lodging and Occupancy Tax, refer to Article IV of the Tax and Revenue Administration Ordinance.

Register for Food and Beverage Tax if you:

 Are engaged in the business of making sales of prepared food and beverage, to the general public, from a business premises located on Tribal and trust lands.

For more information regarding Food and Beverage Tax, refer to Article V of the Tax and Revenue Administration Ordinance.

Register for Retail Sales Tax if you:

 Sell tangible personal property, other than prepared food and beverages, to the end user from a location within Tribal and trust lands.

For more information regarding Retail Sales Tax, refer to Article VI of the Tax and Revenue Administration Ordinance.

Register for Admissions Tax if you:

 Charge admission for providing a place of amusement, entertainment or recreation within Tribal and trust lands.

For more information regarding Admissions Tax, refer to Article VII of the Tax and Revenue Administration Ordinance.

Mail your completed registration to:

Little River Band of Ottawa Indians Tax Department 2608 Government Center Drive Manistee, MI 49660

Mail your application at least six weeks before you intend to start your business to allow your registration to be processed.

The Tax Department will mail you Tax Returns and instructions for payment.

Instructions for Completing Form TD811a, Registration for Tribal Taxes

Lines not listed are explained on the form.

- Line 1, Federal Employer Identification Number (FEIN). The Internal Revenue Service (IRS) issues the FEIN. If you need an FEIN, contact the IRS at 1-800-829-3676 and ask for Form SS-4, or visit the IRS Web site at www.irs.ustreas.gov/formsupbs/index.html to download the form.
- Line 2, Company Name. If your company is a partnership or corporation, enter the appropriate indicator in this box: LLP, LLC, Corp, Inc, PC or LC. If your business is a sole proprietorship, enter the owner's name here and the business name on Line 3.
- **Line 4, Legal Address.** Enter the street address where your books and records are kept for audit purposes. You must also receive mail there.
- **Line 5, Mailing Address.** This may be a Post Office box or any other address where you want business tax forms mailed.
- **Line 6, Physical Address.** Enter the physical address if the actual location of your business is different from the legal address, line 4.
- Line 7, Business Ownership Type Code. Using the list below, enter the business type code for which you are registering.

Sole Proprietor
Husband/Wife Proprietorship
Limited Partnership
-Submit a list of all general partners - lines 23-26
Any Other type of Partnership
Limited Liability Company (LLC,LC,LLP). 34
Michigan S Corporation
Michigan Professional Corporation 42
Any Other Michigan Corporation 40
Any Non-Michigan S Corporation 51
Any Other Non-Michigan Corporation 50
Trust or Estate (Fiduciary)
Joint Stock Club or Investment Company 70
Social Club or Fraternal Organization 80
Any Other Type of Business90

- **Line 8, Jurisdiction.** Enter the jurisdiction under whose laws the business entity is organized.
- Line 9, Business Code. Locate the three-digit code that best describes your business on the list of Standard Industry Codes (SIC) on pages 3 and 4 in this booklet and enter that code on line 9.
- Line 10, Business Activity. Briefly describe the specific business activity or affairs the business will be transacting or conducting on Tribal and trust land.
- Line 11, Products You Sell. Briefly describe what products you will sell to the final consumer.

- Line 12 to 15, Taxes. Check the box for each tax type you expect to pay. Indicate in the space next to each tax type the date your liability for that tax begins. For each tax type, check the box that indicates how much each month you expect to owe of that tax.
- Line 16. Check this box if your business will be selling motor fuel.
- Line 17. Check this box if your business will be selling cigarettes and/or other tobacco products.
- Line 18, Number of Locations. Enter the number of locations that will need a Tribal Business Tax License.
- Line 19, Fiscal Year. Enter the two-digit number that corresponds to the month in which you close your tax books. For instance, if your tax year is from July to June, enter "06" for June.
- Line 20, Seasonal business. Complete this only if your business is not open the entire year. Enter two two-digit numbers corresponding to the months your business opens and closes, respectively. For example, if your business is open from October to May, enter "10" on the first line and "05" on the second line.
- Line 21. If your business succeeds or replaces an existing business or businesses because of incorporation, purchase or merger, provide the names and account numbers of those previous business(es).
- **Lines 23 to 26.** You must supply at least one name. If there are more than four owners or partners (other than non-officer shareholders), attach a separate sheet of paper.
- **Note:** You must provide a signature certifying that the information provided on the form is true, correct and complete to the best of your knowledge and belief.